

# LOCAL PATIENT PARTICIPATION REPORT 2012-13

## HIGHBRIDGE MEDICAL CENTRE

### 1. A description of the profile of the members of the PRG

- \* For example the age, sex and ethnicity profile of the Provider's population and the PRG.

The practice age range is as follows;

	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99	100+
Males	734	777	733	732	1002	955	1019	685	270	40	0
Females	684	754	718	693	955	934	1047	732	346	77	0

Total 13887

The majority of patients are white, English, although we do have a proportion of Polish, Portuguese, Asian patients.

The members of Highbridge Medical Centre's PPG are:

Male, 70, white, female, 72, white; female, 69, white; male, 59, white; female, 66, white; male, 66, white; male, 74, white.

In addition to the patient members, at least one member of the practice team – Practice Manager, GP, Reception Lead, Patient Communication Administrator - attend the patient group meetings

### 2. Steps taken by the Provider to ensure that the PRG is representative of its registered patients and where a category of patients is not represented, the steps the Provider took in an attempt to engage that category

- \* The variations between Provider population and PRG members
- \* How has the Provider tried to reach those groups not represented?

The practice has struggled to maintain its patient group, but it very grateful to a core group of patients who have worked with the practice to keep the group going. As part of the latest recruitment drive we welcomed 6 new members including patients representing parents and working families, although sadly 2 have recently dropped out due to time constraints.

We continue in our efforts to recruit more members from under-represented groups of the patient population. To support this we have invited several patients to attend 'taster' meetings to see if membership of the patient group is something that they would wish to do.

Further actions to encourage membership the patient group include the following:

- Notices in the practice newsletter
- Announcements on the website
- Notices on the patient group noticeboard
- Advertising in village shops within our catchment area
- Patient group members 'advertising' at local meeting groups
- Practice open day

**3. Details of the steps taken to determine and reach agreement on the issues which had priority and were included in the local patient survey**

- \* How were the priorities identified and agreed?

We are on the third inception of the Patient Group (PG) and it is still in a formative stage. However, the focus of the group is very much on local service provision.

Previously the patient group had highlighted access to appointments and the telephone system as area that could be improved and work to improve both of these has continued throughout this year with the support of the patient group.

In addition, the patient group felt that there were some key areas that the practice needed to address, based on their own surveys of patients opinions. These included:

- Improved patient communication
- Raising the practice profile
- Provision of a podiatry service
- Fundraising for local and national charitable causes

**4. The manner in which the Provider sought to obtain the views of its registered patients**

- \* What methodology was used to agree the questions, the frequency, the sample size, distribution methods to ensure the views of all patient are represented and undertake the survey?

The Practice has run two surveys this year. The first one was done as part of the Productive General Practice Programme developed by NHS institute for Innovation and Improvement. The focus of this questionnaire was very much on patients' emotions and feelings (as opposed to the more traditional quantitative survey) on five aspects of their appointment 'journey':

- Accessing an appointment
- Arriving and checking in
- Waiting
- Information
- Consultation and next steps

The second survey was of the more traditional type focussing on specific questions around service delivery and access. Some of the questions were specifically included as a result of concerns raised both by patients and the patient group about the ease of getting through on the phone and ability to obtain an appointment.

**5. Details of the steps taken by the Provider to provide an opportunity for the PRG to discuss the contents of the action plan in Section 7 (of this template)**

- \* How was the PRG involved in agreeing the action plan?
- \* Were there any areas of disagreement, and if so how were these resolved?

The patient group were the drivers for the action plan. They had opinions on improvement areas that they felt the practice needed to address both from their own experience of the practice and also having sought feedback from patients.

In terms of the action plan, there have been no areas of disagreement between the practice and the patient group. Indeed, we are very grateful to the current patient group who have been extremely supportive of the practice's aims and objectives and who have also provided invaluable feedback on the service from both their own experiences and on behalf of patients.

**6. A summary of the evidence including any statistical evidence relating to the findings or basis of proposals arising out of the local patient survey**

Both patient surveys were discussed with the patient group.

Productive General Practice Survey:

These results were discussed at the September meeting of the PG. The questionnaire used was exactly as designed by NHS Institute for Innovation and Improvement.

Overall the practice was pleased with the results of this survey, although a higher level of 'frustration' was noted for accessing appointments and waiting.

The PG feedback was that some people didn't understand the wording of the questionnaire and thought that 'accessing an appointment' meant access to the building.

Following long discussion, although there were many positives, all agreed that in light of potential misunderstanding of the questions, the data may not be considered to be robust.

At some point the practice will use the questionnaire again, but prior to that will review the questions with the PG.

In January 2013, the practice ran another survey, and the results were discussed at the February meeting of the PG. Two of the questions reflected PG requests – ease of getting through on the phone (Q1) and getting an appointment (Q6).

Whilst 39% of respondents did not find it easy getting through on the phone, both the practice and the PG hope that this will improve over time due to changes made to the phone system in February 2013 (after the survey).

7. Details of the action plan setting out how the finding or proposals arising out of the local patient survey can be implemented and, if appropriate, reasons why any such findings or proposals should not be implemented. Include details of the action which the Provider,

- and, if relevant, the PCT, intend to take as a consequence of discussions with the PRG in respect of the results, findings and proposals arising out of the local patient survey
- where it has participated in the Scheme for the year, or any part thereof, ending 31 March 2013, has taken on issues and priorities as set out in the Local Patient Participation Report

## 2011-12

<b>Findings / Proposals or PRG Priority Areas</b>  <i>'You said...'</i>	<b>Action to be taken</b> (if no action is to be taken provide appropriate reason)  <i>'We did...'</i>	<b>Lead</b>	<b>Completed</b>	<b>Progress</b>  <i>'The outcome was...'</i>
Better telephone access	We are working with our telecoms provider to reduce the number of faults	Practice Manager	June 2012	Our telecoms supplier offered to re-configure the telephone system
Wanted to see preferred/registered GP	We changed our appointment system to enable better access to preferred GP and improved continuity of care	PM		All patients are now offered an appointment with their registered GP in the first instance. Where ongoing follow-up care is required this is either forward planned by the GP or the patient will be offered an appointment with the same GP who treated them in the first

				instance if they were not seen by their registered GP. According to the practice patient survey 63% of patients see their regular GP most or all of the time, 32% some of the time and only 4% never of almost never. We feel that this is a good outcome.
<b>2012-13</b>				
<b>Findings / Proposals or PRG Priority Areas</b>  <i>'You said...'</i>	<b>Action to be taken</b> (if no action is to be taken provide appropriate reason)  <i>'We did...'</i>	<b>Lead</b>	<b>Timescale</b>	<b>Progress</b>  <i>'The outcome was...'</i>
Better telephone access	Following the agreement from our supplier to re-configure our phone system, a meeting was held in June 2012.	Practice Manager	February 2013	A final specification of the phone system was agreed and discussed with the patient group in December 2012. Following that changes were communicated to patients throughout January 2013 prior to a 'go -live' date of 4 February 2013. A summary of the changes are as follows:  The practice has divert all

				<p>other direct dial numbers to its main number, so patients now only have one number to remember.. From here the system splits into 5 options:</p> <ul style="list-style-type: none"><li>1 Appointments</li><li>2 home visits</li><li>3 medical secretaries</li><li>4 results</li><li>5 general information.</li></ul> <p>The system also has an overflow for busy periods so that callers get a recorded message and then diverted to another group of staff.</p> <p>During February there were still some blips with the re-programmed telephone system, but now that it has settled the feedback ahs been encouraging.</p> <p>Both the practice and the patient group will continue to monitor progress and access statistics. This continues to be a priority.</p>
--	--	--	--	---

<p>Podiatry service</p>	<p>Our patient group highlighted a growing need for affordable podiatry service for patients. To meet this demand the practice arranged for a foot health practitioner to pilot a service for which a small fee is payable in advance.</p>	<p>Practice Manager/Nurse Manager/ Patient Communication Officer</p>	<p>November 2012</p>	<p>The pilot was a great success, and all clinics were fully booked.</p> <p>Further clinics were arranged on the 3<sup>rd</sup> Thursday of each month starting again in January 2013 and demand is such that a second foot health practitioner will be offering another session per month. This service is also open to non Highbridge Medical Centre registered patients.</p> <p>We will continue to monitor the service and demand but we have commissioned a service to meet a priority highlighted by the patient group</p>
<p>Improved patient communication and raising the practice profile</p>	<p>In the formative days of the patient group the Nurse Manager spent time with some members of the practice group explain all the work that was undertaken on a daily basis.</p> <p>The feedback from this was enlightening to both the</p>	<p>Patient Group/Patient Communication Officer/Practice Manager</p>	<p>June 2012</p>	<p>The practice re-introduced the practice newsletter in June 2012. To celebrate the completion of a new extension the practice held the first ever (to our knowledge) practice open day in Somerset. We were supported by many NHS organisation and</p>

	<p>practice and the patient group. The patient group were amazed by how much the practice did; the practice it turn learned how much it needed to improve the communication with patients. Something that was a lot more than information leaflets and practice booklets was required.</p>			<p>voluntary healthcare sector organisation and ran a health promotion afternoon.</p> <p>With the appointment of a Patient Communications Officer, our patient newsletters have gone from strength to strength and there is a good following of patients who now received the newsletter by email.</p> <p>Good patient communication continues to be a priority for both the practice and the patient group</p>
<p>Fundraising for local and national charitable causes</p>	<p>Ran a raffle at the open day in aid of friends of Burnham-on Sea memorial Hospital and also the practice wheelchair fund</p> <p>Supported the Macmillan coffee morning</p> <p>Ran a Christmas mince pie event in aid of Dorset and Somerset Air Ambulance</p>	<p>Patient Group/Patient Communication Officer/Practice Manager</p>	<p>Throughout the year</p>	<p>These events raised:</p> <ul style="list-style-type: none"> <li>• Approximately £100 for Burnham-on Sea memorial Hospital and also the practice wheelchair fund</li> <li>• £233.50 for Macmillan</li> <li>• £162 for Somerset and Dorset Air Ambulance</li> </ul>

**8. The opening hours of the practice premises and the method of obtaining access to services throughout the core hours.**

- \* Please provide details of the Practice opening hours and how patients are able to make appointments/access services or provide a link to the relevant page(s) of the Practice website where this information can be found

The medical centre opening hours are as follows:

Monday to Friday 8.30 am to 1.00 pm and 2.00 pm to 6.30 pm.

The medical centre also offers late evening appointments until 7.30 pm on two evenings a week and on alternate Saturday's for people who work away.

Further details can be found at [www.highbridgemc.co.uk](http://www.highbridgemc.co.uk)

**9. Where the Provider has entered into arrangements under an extended hours access scheme, the times at which individual healthcare professionals are accessible to registered patients.**

- \* If providing, please confirm details of the extended opening hours provided by the Practice or provide a link to the relevant page(s) of the Practice website where this information can be found

The medical centre offers late evening appointments until 7.30 pm on two evenings a week and on alternate Saturday's for people who work away.

Further details can be found at [www.highbridgemc.co.uk](http://www.highbridgemc.co.uk)

**Date Report Published:** .31 March 2013.

**Web Address of Published Report:**

[www.highbridgemc.co.uk](http://www.highbridgemc.co.uk).

